



**ARB REQUEST**

Name:

Address:

Email: \_\_\_\_\_ LOT: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Approval is required on all items that are visible from the exterior of the home, whether previously completed or not. The Architectural Review Board (ARB) will review your request and return a copy to you with comments and decision.

Approval is hereby requested to make the following modification(s), alteration(s), or addition(s) as Described below and depicted in the required attachments. Please provide details to include nature, kind, color, shape, size, material, location and other pertinent details. Location is to be shown on survey.

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Date of request: \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Review committee Signature: \_\_\_\_\_ Approved \_\_\_ Not approved \_\_\_

**Approval of any Modification or Alteration does not waive the necessity of obtaining the required Federal, State or Village of Wellington approval(s) or permits**